



CONTROLLED SUBSTANCE (NARCOTIC) AGREEMENT

The successful management of chronic pain involves many modalities including, but not limited to, physical therapy (PT), surgical consultation, injection therapy, behavioral counseling and oral medications. Occasionally, upon the mutual agreement of the patient and the pain management physician, it may be necessary to institute long-term opiate administration to achieve satisfactory pain control.

Because these drugs have the potential for abuse, strict accountability is necessary when prolonged use is required. For this reason, the following policies are agreed upon by you as the patient and your Physician and/or Physician Assistant.

1. You may not share, sell, trade or exchange your medications. You agree to keep these medications in a secure place. Medications will not be replaced if they are lost, misplaced, stolen or destroyed. **No exceptions will be made.**
2. You agree that you will use your medication at a rate no greater than the prescribed rate unless it is discussed directly with a Pain Management prescriber.
3. Early refills will not be given.
4. Changes in prescriptions can only be made during scheduled appointments and not via phone.
5. You agree that continued refill of medications may be contingent upon compliance with any chronic pain treatment modalities recommended by your Physician and/or Physician Assistant such as Physical Therapy, Psychological Therapy and Pain injections.
6. At any time, a request could be made at random by a Pain Management Physician to present the original dispensed container of medications to the office at each visit to document compliance and to prevent overuse.
7. You agree not to attempt to get pain medications from any other health care provider without telling them that you are currently under treatment by a pain management physician. If you are prescribed pain medications from another provider, you must notify us immediately with the information so we can document this in your chart as well as inform you as to whether or not you can take the medicine.
8. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacies or other professionals who provide your health care.
9. Unannounced, random urine or serum toxicology screens may be requested by your Pain Management Provider to determine compliance with this agreement and your regimen of pain control medications. Tests may include screens for any illegal substances. Your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorders. Refusal of such testing may subject you to an abrupt rapid wean schedule in order for the medication to be discontinued or prompt termination of our care.
10. Unannounced, random pill counts may also be requested by your Pain Management Provider to determine compliance with medication regimen and compliance of this agreement. You may be asked to bring all current medications to the office so that a staff member can verify the quantity of



medications remaining. A time frame will be given to report to the office. Failure to show up for a pill count may result in the discontinuation of medications or prompt termination of our care.

11. You agree not to use any illegal substances (cocaine, heroin, marijuana, crystal meth, ecstasy, ketamine, etc.) while being treated with controlled substances. Violation of this will result in the cessation of the prescribing of any controlled substances and termination of care at PMA effective immediately.
12. You will keep all scheduled appointments in the Pain Management Clinic. No-shows or late cancellations could result in a \$50-\$100 fee depending on if this is for an office visit or for a procedure in our ambulatory surgery center.
13. You cannot request to change to another of our physicians if you have been discharged. All doctors are within one practice. If your physician has discharged you and referred you to an Addictionologist; it is highly recommended you are compliant and complete a rehabilitation and/or counseling program. Please remember that just because you do actually go through a program, does not mean our pain physicians will take you back as a patient.

NARCOTIC THERAPY- POSSIBLE SIDE EFFECTS, RISKS AND COMPLICATIONS

The patient understands that narcotic analgesics may result in physical dependence that ultimately may require slow weaning once the pain condition improves. Immediate discontinuation of this medication is not advised and severe life threatening conditions may occur.

Tolerance to the medication may develop after long-term usage which means that ultimately these medications may become less effective.

Other side effects may include the following which could be life threatening if not taken as instructed:

- ❖ Respiratory depression resulting in respiratory arrest and/or death, as well as resultant cardiac arrest and/or death
- ❖ Tolerance and/or physical dependence
- ❖ Withdrawal phenomenon with abrupt discontinuation of the medication causing significant side effects such as heart palpitations, sweating, elevated pulse and blood pressure
- ❖ Disorientation, resulting in falls and resultant significant injury
- ❖ Constipation, bowel obstruction or difficulty urinating
- ❖ Allergic and/or anaphylactic reactions to the medications resulting in low blood pressure, fast heart rate, arrhythmias, excessive itching, rash, throat swelling, respiratory or cardiac arrest and death
- ❖ **(Males Only)** may cause low testosterone levels
- ❖ **(Females Only)** Narcotic analgesics should not be used during pregnancy. Possible birth defects or physical opiate dependence could occur

Precautions and/or contraindications:

- ❖ Patients taking anticoagulants (blood thinners: Plavix, Coumadin)
- ❖ Extremes of age
- ❖ Patients with significant other medical problems



- ❖ Patients taking sedative medications or central nervous system depressants (Valium, Soma, Xanax, Ativan, etc.)
- ❖ Narcotic analgesics should not be used during pregnancy
- ❖ Patients on multiple other medications

Recommendations as to what to avoid while taking narcotics until you see how you respond:

- ❖ Any kind of activity where judgment is required - i.e. signing legal documents, caring for the sick, the elderly or the very young
- ❖ Driving
- ❖ Operating heavy machinery.
- ❖ Working in high-risk areas (i.e. construction sites, elevated work sites, working with power tools, etc.).
- ❖ Drinking alcohol is prohibited while on narcotics due to potent and unpredictable enhancement of central nervous system depression of these two substances when taken together.

I have read this form or have had it read to me. I understand all of it and have had a chance to have my questions regarding this treatment answered to my satisfaction. I am signing this form voluntarily. I give my consent for the treatment for my pain with possible narcotic pain medications. I am aware of the many potential risks versus benefits and will make every effort to follow these guidelines during my pain management. I also understand that should this agreement be broken by non-compliance on my part that I may be discharged from the practice.

Signature of Patient

Date

Witness

Date

Name of Pharmacy: _____

Pharmacy Phone #: _____